

## **Supplemental Food Packages**

### **Purpose**

Participants shall receive appropriate allowed foods for their categories, ages, special dietary needs, and food preparation/storage needs.

### **Authority**

7 CFR 246.10

### **Policy**

The Montana WIC Program specifies quantities and types of supplemental foods to be prescribed and issued to certified eligible participants through food packages. Standard food packages are designed to meet general nutrition needs for participants based on category and age. Tailored food packages are modified food packages designed to meet individual participant's nutrition needs. Homeless food packages are designed to meet the needs of those with limited food preparation/storage facilities.

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## **Procedures**

### **I. Food Package Prescription**

All food packages shall be prescribed by a Competent Professional Authority (CPA). Food packages may be issued for 1 month, 2 months, or 3 months (for non-high risk participants). Refer to Designated Referrals for High Risk Participants Policy 5-13 for more information.

### **II. Food Package Contents**

Standard Montana WIC Food Packages for all participant categories follow this policy. Policy 8-2 Standard Food Package Descriptions and Policy 8-3 Homeless Food Package Descriptions describe the food package type for a participant category

### **III. Milk Issuance**

- A. Cow's milk is issued in gallons and half-gallons. Cow's milk is not authorized for infants less than 12 months of age. Whole milk is the standard milk for one to two year olds and should be issued in almost all circumstances. Skim, low-fat (1%), and reduced fat (2%) milk are the standard milks for women and children, two years of age and older. CPA's may issue the non-standard milk-for-age based upon a participant's nutritional needs, with documentation in the participant record.
- B. Acidophilus or lactose-reduced milk may be issued at a CPA's discretion for women and children with a diagnosis or symptoms of lactose intolerance. They may be issued in half-gallons and quarts. A prescription is not required.
- C. Chocolate-flavored milk may be substituted for white milk in the amount of one to two gallons per month for women and children who are not meeting their calcium needs due to a lower-than-necessary intake of white milk and other dairy products, and may better meet these needs if provided chocolate milk. Chocolate milk may be issued in gallons and half-gallons.

**IV. Goat's Milk**

Goat's milk is not authorized for infants less than 12 months of age. For children and women, Meyenberg brand goat's milk (in fresh fluid quarts or canned concentrate) can be provided. A prescription from a health care provider with justification as to why cow's milk is not appropriate is needed. Refer to Policy 8-8 for other information needed on the prescription.

**V. Peanut Butter and Dry Peas/Beans Issuance**

Pregnant women, breastfeeding women and children two to five years of age shall be offered a choice of peanut butter or dry peas/beans. The dietary needs of the participant shall be considered when offering the participant the choice; however, the participant's preference shall be honored. Children under two years of age shall not be issued peanut butter due to its choking risk.<sup>(1)</sup>

**VI. Supplemental Formula for Breastfeeding Infants**

- A. Supplemental formula food packages are designed for breastfeeding infants who are also receiving some formula. The formula in these food packages is in the powdered form to reduce waste due to spoilage from infrequent use.
- B. Breastfeeding mothers of infants receiving supplemental formula shall not be issued an enhanced breastfeeding food package (Food Package VII).
- C. Table A may be used for guidance to determine the amount of supplemental formula to issue.

**VII. Issuance of Ready-To-Feed Infant Formula**

- A. Powdered and concentrate infant formulas are the standard forms for formula issuance.
- B. Ready-to-feed formula may be issued only if:
  - 1. there is an unsanitary or restricted water supply;
  - 2. there is poor refrigeration;
  - 3. the formula is available only in the ready-to-feed form; or
  - 4. the person caring for the infant may have difficulty in correctly preparing concentrate liquid or powdered formula.
- C. The reason for issuance of ready-to-feed formula must be documented in the participant record.

**VIII. Tailored Food Packages**

- A. Participants may be issued a modified or “tailored” food package by the CPA after consideration of the participant’s individual needs. A participant/guardian may request a reduction in the amount of foods provided so that the food package issued will parallel, as closely as possible, the foods actually purchased and used by the participant. Education should be provided to the participant concerning the recommended intake for the foods being reduced.
- B. Tailoring of a food package shall be documented in the participant record. This documentation shall include whether the package was tailored based on the CPA’s judgment or at the request of the parent/guardian.

**IX. References**

- (1) Trahms, Christine, Pipes, Peggy: *Nutrition in Infancy and Childhood*, 6<sup>th</sup> Ed., 1997, McGraw Hill Companies, Inc.

## **Standard Food Package Descriptions**

### **Purpose**

To define standard food packages for issuance of allowable foods.

### **Authority**

7 CFR 246.10

### **Policy**

The Montana WIC Program will issue standard food packages as described below to meet general nutrition needs for participants based on category, age, special dietary needs and food preparation/storage needs.

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## **Procedures**

### **I. Infants 0-4 months (Food Package I)**

- A. Powdered or concentrate iron-fortified formula
- B. Ready-to-feed formula may be issued only as stated in Policy 8-1, Supplemental Food Packages.

### **II. Infants 4-6 months (Food Package IIA)**

- A. Powdered or concentrate iron-fortified formula
- B. Ready-to-feed formula may be issued only as in Policy 8-1 Supplemental Food Packages.
- C. Infant cereal (WIC-approved) may be issued beginning at 4 months of age. The developmental readiness of the infant and parent/caregiver's wishes to start solids should be reviewed before issuing cereal.
- D. Exclusively breastfeeding infants may be issued infant cereal.

### **III. Infants 6-12 months (Food Package IIB)**

- A. Powdered or concentrate iron-fortified formula
- B. Ready-to-feed infant formula may be issued only as stated in Policy 8-1 Supplemental Food Packages.
- C. Frozen juice (WIC approved)
- D. Infant cereal (WIC approved)

**IV. Children 1-5 years and Women with Special Dietary Needs (Food Package III)**

- A. Special formula may be issued with a health care provider's prescription and the State WIC Nutritionist's or local agency Registered Dietitian's approval. Refer to Policy 8-7 substitutions for authorized foods.
- B. Frozen juice (WIC approved).
- C. Cereal, cold and hot (WIC approved) or infant cereal (WIC approved). The most appropriate cereal for the participant's dietary needs should be prescribed.

**V. Children 1-5 yrs (Food Package IV)**

- A. Children to age 2 years:
  - 1. Milk
    - a. Whole fluid fresh milk should be prescribed as the standard milk.
    - b. Evaporated whole milk may be issued in place of whole fluid fresh milk.
    - c. Skim, 1% or 2% fluid fresh milk, evaporated skim or evaporated 2% milk, or nonfat dry milk powder may be issued with CPA approval and justification documented in the participant record.
  - 2. Cheese may be substituted for milk in the amount of one pound per month. (1 pound cheese = 3 quarts milk.)
  - 3. Eggs.
  - 4. Juice, frozen, canned concentrate or canned (WIC approved)
    - a. Most children should be prescribed the food package which contains 4 cans of juice per month. This food package will provide the RDA for Vitamin C for this age group and provides about 6 ounces of juice per day. The American Academy of Pediatrics recommends limiting intake of fruit juice to 4 – 6 ounces a day for children 1 – 6 years of age. (1)
    - b. The maximum amount of juice may be prescribed with CPA approval and justification for its issuance in the participant record.
  - 5. Cereals, cold and hot (WIC approved).
  - 6. Dry peas/beans.

**B. Children 2-5 years:**

1. Milk
  - a. Skim, 1% or 2% fluid fresh milk should be prescribed as the standard milk.
  - b. Evaporated skim or evaporated 2% milk or nonfat dry milk powder may be issued in place of skim, 1% or 2% fluid fresh milk.
  - c. Note: Whole fluid fresh milk and evaporated whole milk may be issued with CPA approval and justification documented in the participant record.
2. Cheese may be substituted for milk in the amount of one pound per month (1 pound cheese = 3 quarts milk).
3. Eggs
4. Juice, frozen, canned concentrate or canned (WIC approved)
  - a. Most children should be prescribed the food package which contains 4 cans of juice per month. This food package will provide the RDA for Vitamin C for this age group and provides about 6 ounces of juice per day. The American Academy of Pediatrics recommends limiting intake of fruit juice to 4 – 6 ounces a day for children 1 – 6 years of age.(1)

The maximum amount of juice may be prescribed with CPA approval and justification for its issuance in the participant record.
6. Cereals, cold and hot (WIC approved)
7. Peanut butter or dry peas/beans

**VI. Pregnant and Breastfeeding Women (Food Package V)**

- A. Milk
  1. Skim, 1% or 2% fluid fresh milk should be prescribed as the standard milk.
  2. Evaporated skim or evaporated 2% milk or nonfat dry milk powder may be issued in place of skim, 1% or 2% fluid fresh milk.
  3. Whole fluid fresh milk and evaporated whole milk may be issued with CPA approval and justification documented in the participant record.
- B. Cheese may be substituted for milk in the amount of one pound or two pounds per month (1 pound cheese = 3 quarts milk).
- C. Eggs.
- D. Juice, frozen, canned concentrate or canned (WIC approved).
- E. Cereals, cold and hot (WIC approved).
- F. Peanut butter or dry peas/beans.

**VII. Postpartum Women (Food Package VI)**

- A. Milk
  - 1. Skim, 1% or 2% fluid fresh milk should be prescribed as the standard milk.
  - 2. Evaporated skim or evaporated 2% milk or nonfat dry milk powder may be issued in place of skim, 1% or 2% fluid fresh milk.
  - 3. Whole fluid fresh milk and evaporated whole milk may be issued with CPA approval and justification documented in the participant record.
- B. Cheese may be substituted for milk in the amount of one pound per month (1 pound cheese = 3 quarts milk).
- C. Juice, frozen, canned concentrate or canned (WIC approved).
- D. Eggs.
- E. Cereals, cold and hot (WIC approved).
- F. The postpartum food package does not contain peanut butter or dried peas/beans.

**VIII. Enhanced Breastfeeding Women (Food Package VII)**

- A. Designed for women whose infants are not receiving any formula from WIC. A breastfeeding woman of multiple births is eligible to receive this food package as long as one or more of her infants are not receiving formula from WIC.
- B. Milk
  - 1. Skim, 1% or 2% fluid fresh milk should be prescribed as the standard milk.
  - 2. Evaporated skim or evaporated 2% milk or nonfat dry milk powder may be issued in place of skim, 1% or 2% fluid fresh milk.
  - 3. Whole fluid fresh milk and evaporated whole milk may be issued with CPA approval and justification documented in the participant record.
- C. One pound of cheese is issued with each of the food packages (does not influence the total amount of milk issued). Additional cheese beyond this standard amount may be substituted for milk in the amount of one pound or two pounds per month (1 pound cheese = 3 quarts milk).
- D. Juice, frozen, canned concentrate or canned (WIC approved)
- E. Eggs
- F. Cereals, cold and hot (WIC approved)
- G. Peanut butter
- H. Dry peas/beans
- I. Tuna Fish
- J. Carrots, fresh, canned, frozen

See the "Standard Montana WIC Food Packages" tables included with this policy for guidance on issuance of allowed foods and their forms.

**IX. Reference**

(1) American Academy of Pediatrics Policy Statement, *The Use and Misuse of Fruit Juice in Pediatrics*, May 2001.

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**STANDARD MONTANA WIC FOOD PACKAGES**

	Infant 0-4 months	Infant 4-6 months	Infant 6-12 months	Child/Woman Special Dietary Needs
Iron-fortified formula 12.0-ounce powdered or 12.9-ounce powdered or 1-pound powdered or 13-ounce concentrate or 32-ounce ready-to-feed	10 cans or 9 cans or 8 cans or 31 cans or 25 containers**	10 cans or 9 cans or 8 cans or 31 cans or 25 containers**	10 cans or 9 cans or 8 cans or 31 cans or 25 containers**	12 cans or 11 cans or 9 cans or 35 cans or 28 containers**
Infant Cereal, WIC- Approved		3-8 ounce boxes*	3-8 ounce boxes	
Cereal, cold and hot, WIC- Approved				36 ounces
Juice, WIC-Approved			2-12 ounce cans, frozen	3-12 ounce cans, frozen

**Special Notes:**

Container sizes of powdered infant formula:

- A. Enfamil Gentlease LIPIL ..... 12.0 ounces
- B. Enfamil LIPIL, ProSobee LIPIL, LactoFree LIPIL and Enfamil A.K. LIPIL..... 12.9 ounces
- C. Nutramigen LIPIL..... 1 pound

For sizes of powdered infant formula not listed call the State Office for information and conversion amounts.

- \* Although infant cereal may be issued as early as 4 months of age, issuance when developmentally appropriate is encouraged.
- \*\* Ready-to-feed formula may only be issued under special conditions as described in Policy 8-1 Supplemental Food Packages.



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	Child 12 - 24 Months	Child 24 Months - 5 Years	Woman, Pregnant or Breastfeeding	Woman Postpartum	Woman Enhanced Breastfeeding
Fresh Milk and Cheese	6 gallons whole milk  or  5 gallons whole milk and 1 pound cheese	6 gallons skim, 1% or 2% milk  or  5 gallons skim, 1% or 2% milk and 1 pound cheese	7 gallons skim, 1% or 2% milk  or  6 gallons skim, 1% or 2% milk and 1 pound cheese  or  5 1/2 gallons skim, 1% or 2% milk and 2 pounds cheese	6 gallons skim, 1% or 2% milk  or  5 gallons skim, 1% or 2% milk and 1 pound cheese  or  4 1/2 gallons skim, 1% or 2% milk and 2 pounds cheese	7 gallons skim, 1% or 2% milk and 1 pound cheese  or  6 gallons skim, 1% or 2% milk and 2 pounds cheese  or  5 1/2 gallons skim, 1% or 2% milk and 3 pounds cheese
Eggs	2 dozen	2 dozen	2 dozen	2 dozen	2 dozen
Juice, WIC- Approved	6 containers total from the following:  11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans	4 containers total from the following:  11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans	6 containers total from the following:  11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans	4 containers total from the following:  11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans	7 containers total from the following:  11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans
Cereal, WIC- Approved	36 ounces	36 ounces	36 ounces	36 ounces	36 ounces
Peanut Butter or Dry Peas/Beans	1 pound dry peas/beans	1 16-18 ounce jar peanut butter or 1 pound dry peas/beans	1 16-18 ounce jar peanut butter or 1 pound dry peas/beans		1 16-18 ounce jar peanut butter or 1 pound dry peas/beans
Tuna Fish					4 6-ounce cans
Carrots					2 1-pound packages

Revised December 21, 2004

## **Homeless Food Package Descriptions**

### **Purpose**

A number of the standard and tailored food packages may meet the needs of the homeless participant but because cooking facilities, refrigeration, and acceptable storage areas may not be available for these participants, special consideration must be given in prescribing and issuing the food package.

### **Authority**

7 CFR 246.10

### **Policy**

The types of supplemental foods prescribed to homeless participants must take into account the cooking and storage facilities available to the participant while residing in the temporary shelter or other location.

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## **Procedures**

### **I. Standard Food Packages Designed for Homeless Individuals**

#### **A. Modifications**

1. Modifications in both the types and amounts of foods may be required to assure that the WIC supplemental foods can be safely stored and utilized. Several food packages have been designed for the homeless participant with special requirements. These food packages are found in the number series 06000. A FOOD PACKAGE REQUEST form may be submitted to request a different food package than what is available.

#### **B. Useful Sizes**

1. When adequate refrigeration or dry storage is limited, and a homeless food package is chosen, judgment should be used to provide those size packages most useful for the participant(s).

**Example:** A family of four WIC participants with no refrigeration or stable residence is issued canned beans. The table indicates eight 8-ounce cans per participant, these participants may find four 16-ounce cans more appropriate.

- C. Keep in mind that the food package issued is prescribed for the WIC participant(s) and not necessarily for all family members. The goal of this part of the food package policy is to provide food in a package size that facilitates usage while avoiding the problems of spoilage or inadequate storage availability that homeless participants may experience.

**II. Retailers**

Contact local retailers to determine if the prescribed items are available before issuing the WIC checks.

**III. Infants 0-4 months (Food Package I)**

A. **BREASTFEEDING WILL BE ENCOURAGED.** Breastfeeding is the healthiest, easiest and safest way to feed the infant, especially given the possible lack of refrigeration and facilities for proper sterilization of bottles.

B. Powdered iron-fortified formula.

1. Note: Powdered iron-fortified formula should be issued.

C. Only one bottle of formula should be prepared at a time due to lack of refrigeration.

D. Playtex nursing bottles can be recommended to minimize sterilization of equipment.

E. Use of bottled water is recommended if there is concern about the safety of the water supply.

Note: Prior Approval must be given by the state WIC Program before ready-to-feed formula is issued in 8-ounce cans for infants under 4 months of age. Keep in mind that a 32-ounce container of ready-to-feed formula can be easily contaminated without refrigeration.

Note: No formula may be issued to the infant of a woman issued an enhanced breastfeeding food package (Food Package VII).

**IV. Infants 4-6 months (Food Package IIA)**

A. **BREASTFEEDING WILL BE ENCOURAGED.** Breastfeeding is the healthiest, easiest and safest way to feed the infant, especially given the possible lack of refrigeration and facilities for proper sterilization of bottles.

B. Powdered or concentrate iron-fortified formula

1. Ready-to-feed formula may be issued only as stated in Policy 8-1 Supplemental Food Packages.

C. Infant cereal (WIC-approved) may be issued beginning at 4 months of age. The developmental readiness of the infant and parent/caregiver's wishes to start solids should be reviewed before issuing cereal.

**Note:** Keep in mind that a 32-ounce container of ready-to-feed formula can be easily contaminated without refrigeration.

**Note:** No formula may be issued to the infant of a woman issued an enhanced breastfeeding food package (Food Package VII).

**V. Infants 6-12 months (Food Package IIB)**

- A. Powdered or concentrate iron-fortified formula
- B. Ready-to-feed formula may be issued only as stated in Policy #8-1.
- C. Infant cereal (WIC-approved)
- D. 4.2-ounce jars of infant juice

**Note:** Keep in mind that a 32-ounce container of ready-to-feed formula can be easily contaminated without refrigeration.

Note: No formula may be issued to the infant of a woman issued an enhanced breastfeeding food package (Food Package VII).

**VI. Children 1-5 yrs and Women w/Special Dietary Needs (Food Package III)**

- A. Special formula may be issued with a health care provider's prescription and the State WIC Nutritionist's or local agency Registered Dietitian's approval. Refer to Policy 8-7 Supplemental Food Packages.
- B. Powdered formula when refrigeration is lacking.
- C. Frozen juice (WIC approved) or single serving 6 ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.
- D. Cereal, cold and/or hot (WIC approved)

**VII. Children 1-5 yrs (Food Package IV)**

**Note:** If proper refrigeration is lacking, fresh fluid milk must be excluded from the package.

A. Children to age 2 years:

- 1. Evaporated whole milk in 5 ounce cans or UHT (ultra high temperature) whole milk may be issued.

Notes: Evaporated skim milk, evaporated 2% milk or nonfat dry milk powder may be issued with CPA approval and justification documented in the participant record.

- 2. Evaporated milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.
- 3. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted for milk in the amount of one pound per month. (1 pound cheese = 3 quarts milk)
- 4. Eggs may be issued if refrigeration and cooking facilities are available.
- 5. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6-ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.

6. Most children should be prescribed the food package which contains 4 cans of juice per month. The maximum amount of juice may be prescribed with CPA approval and justification for its issuance in the participant record.
7. Cereals, cold and/or hot (WIC approved)
8. Dry beans/peas may be issued. If no cooking facilities are available, canned beans may be substituted at the rate of four 16-ounce cans of beans when dry storage is available. Smaller 8-ounce cans of beans may be issued when no stable residence is available (living on the street, for example).

**B. Children 2-5 years:**

1. Powdered milk may be issued. Participants should be instructed how to use powdered milk, and the importance of preparing one glass at a time.
2. Evaporated skim milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.  
**Note:** Evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

3. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted for milk. (1 pound cheese = 3 quarts milk)
4. Eggs may be issued if refrigeration and cooking facilities are available. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for 2 dozen eggs when no refrigeration or cooking facilities are available.
5. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6-ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.

Most children should be prescribed the food package which contains 4 cans of juice per month. The maximum amount of juice may be prescribed with CPA approval and justification for its issuance in the participant record.

6. Cereals, cold and/or hot (WIC approved)
7. Peanut butter or dry beans/peas may be issued. Homeless participants may choose whichever best fits their situation and needs. If no cooking facilities are available, canned beans may be substituted at the rate of four 16-ounce cans of beans when dry storage is available. Smaller 8-ounce cans of beans may be issued when no stable residence is available (living on the street, for example).

**VIII. Pregnant and Breastfeeding Women (Food Package V)**

**Note:** Exclude fluid fresh milk from the food package IF proper refrigeration is lacking.

- A. Powdered milk may be issued. Participants should be instructed on how to use powdered milk, and the importance of preparing one glass at a time.
- B. Evaporated skim milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.

Note: Evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

- C. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted (1 pound cheese = 3 quarts milk).
- D. Eggs may be issued if refrigeration and cooking facilities are available. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for 2 dozen eggs when no refrigeration or cooking facilities are available.
- E. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6-ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.
- F. Cereals, cold and/or hot (WIC approved).
- G. Peanut butter or dry beans/peas may be issued. Homeless participants may choose whichever best fits their situation and needs. If no cooking facilities are available, canned beans may be substituted at the rate of four 16-ounce cans of beans when dry storage is available. Smaller 8-ounce cans of beans may be issued when no stable residence is available (living on the street, for example).

**IX. Postpartum Women (Food Package VI)**

**Note:** Exclude fluid fresh milk from the food package IF proper refrigeration is lacking.

- A. Powdered milk may be issued. Participants should be instructed on how to use powdered milk, and the importance of preparing one glass at a time.
- B. Evaporated skim milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.

Note: Evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

- C. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted (1 pound cheese = 3 quarts milk)
- D. Eggs may be issued if refrigeration and cooking facilities are available. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for 2 dozen eggs when no refrigeration or cooking facilities are available.

- E. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6 ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.
- F. Cereals, cold and/or hot (WIC approved)

**X. Enhanced Breastfeeding Women (Food Package VII)**

**Note:** Exclude fluid fresh milk from the food package IF proper refrigeration is lacking.

- A. Powdered milk may be issued. Participants should be instructed on how to use powdered milk, and the importance of preparing one glass at a time.
- B. Evaporated skim milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.

Note: Evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

- C. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted for milk (1 pound cheese = 3 quarts milk).
- D. Eggs may be issued if refrigeration and cooking facilities are available. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for 2 dozen eggs when no refrigeration or cooking facilities are available.
- E. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6 ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.
- F. Cereals, cold and/or hot (WIC approved).
- G. Peanut butter may be issued.
- H. Dried beans/peas may be issued. If no cooking facilities are available, canned beans may be substituted at the rate of four 16-ounce cans of beans when dry storage is available. Smaller 8-ounce cans of beans may be issued when no stable residence is available (living on the street, for example).
- I. Tuna may be issued. If no refrigeration is available, eight 3.25-ounce cans may be issued.
- J. Carrots may be issued. If no refrigeration is available, four 8-ounce cans of carrots may be issued.

Note: See the "Homeless Food Package Guidelines" table included with this policy for guidance on issuance of allowed foods and forms according to availability of refrigeration, dry storage and cooking facilities.

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**HOMELESS FOOD PACKAGE GUIDELINES**

**Based on Availability  
of  
Refrigeration, Dry Storage, and Cooking Facilities**

Facilities	Formula	Milk	Cheese	Juice	Cereal	Eggs	Dried Beans	Peanut Butter	Tuna	Carrots
Refrigeration, Dry Storage, and Cooking Facilities	Powdered or Concentrate	Fluid Evaporated or Powdered	Cheese as Part of Milk allotment or enhanced BF package	Canned or Frozen	Any WIC-Approved	Eggs	Dried Peas/Beans	or Peanut Butter	4-6.0 to 6.5 oz.	Fresh or Canned  Frozen only if adequate space
Dry Storage and Cooking Facilities No Refrigeration	Powdered	Powdered*	Cheese may be issued with special instructions for use.	Canned	Any WIC-Approved	Substitute 1 jar (18 oz.) peanut butter for 2 doz. eggs	Dried Peas/Beans	or Peanut Butter	8-3.25 oz. cans	Canned recommended  Fresh on request
Dry Storage Only	Powdered	Powdered*	No Cheese except for enhanced BF package	Canned	Cold Cereal, WIC-Approved	Substitute peanut butter, as above	4-16 oz cans of beans	or Peanut Butter	8-3.25 oz. cans	Canned recommended 4-8 oz.  Fresh on request
Dry Storage, but no stable residence (i.e., on foot)	Ready-to-feed in 4 oz. containers	Powdered*	No Cheese except for enhanced BF package	Individual serving containers of WIC-approved juice	Cold Cereal, WIC-Approved	Substitute peanut butter, as above	8-8 oz. cans of beans	or Peanut Butter	8-3.25 oz. cans	Canned recommended 4-8 oz.  Fresh on request
		*Evaporated milk may be issued with proper instructions for use without refrigeration					Note: Exclusively BF women would receive both dried beans and peanut butter.			



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Policy Number: 8-4

Authorized Foods

Effective/Revised Date: January 1, 2007

## Authorized Foods

### Purpose

To ensure that only foods authorized by the Montana WIC Program may be issued with Montana WIC vouchers.

### Authority

7 CFR 246.10

### Policy

The following table describes the currently authorized foods in the Montana WIC Program.

### Guidelines

- I. See the attached Table, Authorized Foods for the Montana WIC Program

#### Authorized Foods for the Montana WIC Program

Food	Description	Quantity Authorized
INFANT FORMULA	<b>POWDERED</b>	
	ENFAMIL LIPIL WITH IRON	12.9 oz
	PROSOBEE LIPIL	12.9 oz
	LACTOFREE LIPIL	12.9 oz
	GENTLEASE LIPIL	12.0 oz
	ENFAMIL WITH IRON	14.3 oz
	PROSOBEE	14.3 oz
	<b>LIQUID CONCENTRATE</b>	
	ENFAMIL LIPIL WITH IRON	13 fl oz
	PROSOBEE LIPIL	13 fl oz
	LACTOFREE LIPIL	13 fl oz
	ENFAMIL WITH IRON	13 fl oz
	PROSOBEE	13 fl oz
	<b>READY-TO-FEED</b>	
	ENFAMIL LIPIL WITH IRON	32 fl oz
	PROSOBEE LIPIL	32 fl oz
	LACTOFREE LIPIL	32 fl oz
	ENFAMIL WITH IRON	32 fl oz
	<b>NOTE:</b> Refer to Policy #8-1 on issuance of Ready-to-Feed formula.	Other formulas available by prescription only. Refer to Policy #8.7

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<b>Food</b>	<b>Description</b>	<b>Quantity Authorized</b>
<b>MILK</b>	<b>FLUID, FRESH</b>	
PASTEURIZED AND FORTIFIED	SKIM	1 gal, ½ gal
	1 %	1 gal, ½ gal
	2 %	1 gal, ½ gal
	WHOLE	1 gal, ½ gal
	CHOCOLATE	1 gal, ½ gal
	SWEET ACIDOPHILUS	1 gal, ½ gal
ORGANIC	Horizon, Lifeline, Safeway Organic, Organic Valley, Stremicks, Heritage, Naturally Preferred	1 gal, ½ gal
LACTOSE-REDUCED OR FREE	Albertson's, Dairy Ease, Dean's, Lactaid, Organic Valley, Safeway, Viva	1 gal, ½ gal, 1 qt
	<b>EVAPORATED</b>	
	SKIM	12 oz
	LOWFAT	12 oz
	WHOLE	12 oz
	<b>GOAT'S</b>	
	Meyenberg brand	
	Evaporated	12 oz
	Fluid, fresh	1 qt
	<b>DRY MILK POWDER</b>	
	NONFAT	12 qt, 8 qt, 3 qt
	LOWFAT	12 qt, 8 qt, 3 qt
<b>CHEESE</b>	American (Kraft-blue box), Cheddar, Colby, Colby-Monterey Jack, Monterey Jack, Mozzarella (whole or part skim), Swiss, String Cheese (plain mozzarella only)	16 oz package or less
REGULAR, LOW-FAT OR REDUCED FAT		
MAY BE ORGANIC (MUST BE PASTEURIZED)	NO RAW MILK, FAT-FREE OR NON-FAT CHEESE PRODUCTS, CUBED, SHREDDED, SLICED, FLAVOR ADDED (IE: PEPPER JACK), IMPORTED, SERVICE DELI, IMITATION CHEESE PRODUCTS, CHEESE FOOD, CHEESE SPREAD, OR INDIVIDUALLY WRAPPED SLICES.	
<b>EGGS</b>	LARGE, Grade "AA" or "A", White, Brown, or Organic Valley (only approved organic brand)	1 dozen

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<b>Food</b>	<b>Description</b>	<b>Quantity Authorized</b>
<b>INFANT CEREAL</b>  IRON FORTIFIED  NO FORMULA, FLAVORING OR FRUIT ADDED; NO CANS, JARS, OR PACKS	Barley, Mixed, Oatmeal, Rice  GERBER, HEINZ, AND BEECHNUT BRANDS	8 oz, 16 oz
<b>CEREAL</b>  SPECIFIED BRANDS ONLY  REGULAR FLAVOR UNLESS SPECIFIED  <b>NO FRUIT ADDED</b>  NO CEREAL IN INDIVIDUAL PACKETS	<b>COLD CEREALS</b> <b>Banana Nut Crunch</b>  <b>Corn Flakes:</b> Albertson's, Flavorite, General Mills, Great Value, IGA, Kellogg's, Kroger, Safeway, or Western Family  <b>Corn Puffs:</b> Flavorite, General Mills, Great Value, Safeway, or Western Family  <b>Corn Squares:</b> Albertson's, Flavorite, General Mills, Great Value, IGA, Kroger, Safeway, or Western Family  <b>Crispy Hexagons:</b> Albertson's, Flavorite, IGA, or Kellogg's  <b>Crispy Rice:</b> Albertson's, Flavorite, Great Value, IGA, Kroger, Malt-O-Meal, Western Family or Kellogg's regular, not organic  <b>Frosted Mini Wheat Biscuits:</b> (regular or bite size) Albertson's, Flavorite, Great Value, IGA, Kellogg's (regular and organic; no fruit filled, Maple and Brown Sugar or Vanilla Creme), Kroger, Malt-O-Meal, Safeway, or Western Family	Up to 36 oz total of any one cereal or combination of cereals

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<b>Food</b>	<b>Description</b>	<b>Quantity Authorized</b>
<b>CEREAL (continued)</b>	<p><b>COLD CEREALS (continued)</b></p> <p><b>Fiber Flake Cereals:</b> (No low-carb) Enriched Bran Flakes: Albertson's, Flavorite, Great Value, IGA, or Post Great Value Multigrain Flakes, Kellogg's: Complete Oat Bran, Complete Wheat Bran, Product 19, Special K (no low carb), Post Grape Nuts Flakes, Total Original, Western Family Enriched High Fiber Flakes Wheaties Original</p> <p><b>Nutty Nuggets:</b> Albertson's, Flavorite, Great Value, IGA, Post, Safeway, or Western Family</p> <p><b>Oats and More:</b> (w/Almonds or Honey) Albertson's, Flavorite, Great Value/Nature's Grains, IGA, Kroger, Post, Safeway, or Western Family</p> <p><b>Quaker Life:</b> Regular Only</p> <p><b>Rice Squares:</b> Albertson's, Flavorite, General Mills, Great Value, IGA, Kroger, Safeway, or Western Family</p> <p><b>Toasted Oat Rings:</b> (plain or Multi- Grain) Albertson's, Flavorite, General Mills, Great Value, IGA, Kroger, Malt- O-Meal, Safeway, or Western Family</p> <p><b>Wheat Squares:</b> Albertson's, Flavorite, General Mills, Great Value, IGA, Kroger, Safeway, or Western Family</p> <p><b>HOT CEREALS</b></p> <p><b>Instant Oatmeal:</b> (regular, no flavor, individual packets only) Albertson's, Flavorite, Great Value, IGA, Safeway, or Western Family (No Quaker Oats – individual or bulk)</p> <p><b>Other Hot Cereals:</b> Little Crow Foods CoCo Wheats Nabisco Cream of Wheat: One Minute (white), Two and One-Half Minute (red) or Ten Minute (yellow) Malt-O-Meal: Original or Chocolate Store Brand Hot Wheat Cereal: Safeway or Western Family</p>	

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<b>Food</b>	<b>Description</b>	<b>Quantity Authorized</b>
<b>JUICE</b>  100% JUICE ONLY  VITAMIN C FORTIFIED NO SUGAR ADDED  NO ADES, JUICE DRINKS, OR BEVERAGES  NO FRUIT PUNCH OR JUICE COCKTAILS  NO SPARKLING CIDERS, LIGHT OR LOW-CARB	<p><b>FROZEN CONCENTRATE Specific Flavors – Authorized Brands:</b>  <b>Apple:</b> Albertson’s, Flavorite, Great Value, IGA, Safeway, Seneca, Tree Top, or Western Family  <b>Grape:</b> Albertson’s, Great Value, or Seneca  <b>Grapefruit:</b> Any Brand  <b>Orange:</b> Any Brand  <b>White Grape:</b> Albertson’s</p> <p><b>Specific Brands:</b>  <b>Dole:</b> Any orange or pineapple flavor/blend  <b>Old Orchard:</b> Any flavor/blend  <b>Welch’s:</b> Any grape or white grape flavor/blend – yellow lid container only</p> <p><b>CANNED</b>  <b>Apple:</b> Albertson’s, Great Value, Seneca, Texsun, Tree Top, or Western Family  <b>Grape:</b> Great Value, Welch’s  <b>Grapefruit:</b> Any Brand  <b>Orange:</b> Any Brand  <b>Pineapple:</b> Any Brand w/120% of daily Vitamin C  <b>Tomato:</b> Any Brand w/120% of daily Vitamin C  <b>Vegetable:</b> Flavorite, Great Value, IGA, V-8, (Original or Healthy Request), Western Family  <b>White Grape:</b> Welch’s</p> <p><b>SHELF STABLE CANNED CONCENTRATE</b>  <b>Welch’s Brand:</b> Any flavor/blend with yellow ring on top</p>	<div>11.5-12 oz</div> <div>46 oz</div> <div>11.5 oz</div>
<b>LEGUMES- DRY PEAS/BEANS</b>  <b>Note: Canned beans may be purchased only if specified on the WIC check.</b>	Any Brand: dried beans, split peas, or lentils  No soup mixes or flavorings added  <u><b>Organic in bulk only</b></u>	16 oz packages
<b>PEANUT BUTTER</b>  NO JELLY OR HONEY ADDED NO REDUCED FAT PEANUT BUTTER SPREAD	Any Brand: unflavored smooth, chunky, honey roasted or natural	16-18 oz jar

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<b>Food</b>	<b>Description</b>	<b>Quantity Authorized</b>
<b>TUNA</b>  CANNED, WATER PACKED ONLY	Any Brand: light – solid or chunk  No white, albacore, “vacuum-sealed” packs or flavorings added	6 oz can
<b>CARROTS</b>  NO BUTTER, SAUCES, SEASONINGS, VEGETABLE MIXES OR BULK	Any Brand: Fresh: regular or baby Canned: sliced, diced, regular, or baby Frozen: cut, regular, or baby Organic: regular or baby	16 oz or less package

## **Substitutions for Authorized Foods**

### **Purpose**

Authorized WIC foods are chosen for reasons specific to supplemental nutrition for women, infants and children. Other foods do not meet those reasons. However, due to inclement weather or other extreme conditions, deliveries of foods to stores may cause temporary inventory shortages. When a retail store runs out of a specific WIC food, a substitution is allowed.

WIC foods are provided for a specific participant and may not be shared, traded, sold, nor returned for cash or other products.

### **Authority**

7CFR 246.12

### **Policy**

The only allowable substitution for an authorized WIC food is another WIC food of the same category in an equal or lesser quantity.

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### **Guidelines**

- I. Rain checks, or credit slips for food purchased with WIC checks, are not allowed. In the case of prolonged extreme circumstances such as severe weather conditions, a retailer may request approval from the State WIC office to issue rain checks.
- II. Participants may not exchange WIC foods for non-WIC foods, for other WIC foods, for cash or for credit.
- III. WIC participants are not allowed to purchase larger sizes of a WIC food than specified on their WIC checks and pay the price differential.
- IV. Retailers may exchange a WIC food for another WIC food of the same category on a one-to-one basis.
- V. Infant formula may not be returned to the retailer unless it is found to be spoiled or outdated. Participants who request an exchange of previously purchased formula for another formula must be referred to the WIC clinic.

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Policy Number: 8-6  
Authorized Foods Selection  
Effective/Revised Date: October 1, 2006

## **Authorized Foods Selection**

### **Purpose**

To provide standards for the selection of approved foods for Montana WIC food packages.

### **Authority**

7CFR 246.10(b)

### **Policy**

Specific foods will be selected for use in the Montana WIC Program through review by a panel of individuals using evaluation criteria based on federal regulations, availability, packaging, cost, product acceptability marketing approval and nutritive value.

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## **Procedures**

- I. A product shall meet the federal regulations governing the WIC food package in order to be considered for approval through the Montana WIC program.
- II. The Montana WIC Program is not obligated to authorize every available food that meets federal requirements. Products are selected based on their availability throughout the state, packaging, costs, product acceptability marketing approach and nutritive value.
- III. Approved Foods List Review
  - A. The list of approved WIC foods is reviewed every two years (even numbered years) by a panel which includes local WIC program staff and state WIC program staff.
  - B. Input on addition of foods to the Approved Foods List is solicited from program participants, local agency WIC staff and WIC retailers.
  - C. Suggested changes are accepted in writing from June 1 to July 30 the year of the review.
  - D. Requests are reviewed by August 30<sup>th</sup>.
  - E. The new Montana WIC Approved Foods List goes into effect on January 1 of the following year.



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Policy Number: 8-7

Infant Formula and WIC-Eligible Medical Foods

Effective/Revised Date: May 15, 2006

#### Infant Formula and WIC-eligible Medical Foods

##### Purpose

To ensure all participants are prescribed the formula or medical nutritional product which meets their medical and nutritional needs and to ensure all infants who receive formula receive the primary contract infant formula unless an alternative is prescribed for a valid medical condition.

##### Authority

7CFR 246.10(c)(1), (2) and (3) and State Policy

##### Policy

Infants who receive formula shall be issued the primary contract infant formulas: Enfamil with Iron, Enfamil LIPIL with Iron, LactoFree LIPIL, Gentlease LIPIL, ProSobee LIPIL or Enfamil A.R. LIPIL except when a non-primary contract standard formula or exempt formula has been prescribed for a valid medical condition. Primary contract infant formulas, non-primary contract standard formulas, exempt formulas and medical foods may also be issued to participants beyond one year of age for a valid medical reason.

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##### Definitions

- I. Primary Contract Infant Formula - all infant formulas (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract. Montana WIC's current infant formula cost containment contract is with Mead Johnson.
- II. Non-Primary Contract Infant Formula - all infant formulas which are not covered by the infant formula cost containment contract.
- III. Exempt Infant Formula – all infant formula which meets the requirements for an exempt infant formula under Sections 412(h) of the Federal Food, Drug and Cosmetic Act (21 USC 350a (h) and the regulations at 21 CFR parts 106 and 107. These formulas are intended for use by infants with special medical or dietary needs, including, but not limited to, inborn errors of metabolism and prematurity.
- IV. Medical Foods - enteral nutritional products which are specifically formulated to provide nutritional support for individuals with diagnosed medical conditions when the use of conventional foods is precluded, restricted or inadequate. Medical foods may be nutritionally complete or incomplete. Not all products that meet the definition of a medical food are WIC eligible.

**Procedures**

**I. Issuance of Primary Contract Infant Formula**

- A. Enfamil with Iron, Enfamil LIPIL with Iron, LactoFree LIPIL or Gentlease LIPIL shall be issued to infants unless:
  - 1. the infant's family follows a strict vegetarian diet and requests ProSobee LIPIL;
  - 2. the infant's family has a strong family preference for soy formula and requests ProSobee LIPIL (including a religious preference);
  - 3. the infant has gastroesophageal reflux and the infant's family requests Enfamil A.R. LIPIL; or
  - 4. the infant's healthcare provider provides a prescription with a documented valid medical need for a soy-based formula, a non-primary contract infant formula or an exempt infant formula.
- B. Primary contract infant formula may be issued to participants beyond one year of age. Procedures listed under Issuance of Formula Other Than the Primary Contract Infant Formula (Section II) shall be followed.
  - 1. The child's healthcare provider must provide a prescription with a documented valid medical need for continuance of formula such as:
    - a. diagnosis of milk allergy with request for ProSobee LIPIL;
    - b. diagnosis of galactosemia or primary lactase deficiency with request for ProSobee LIPIL;
    - c. diagnosis of developmental disability or delay with request for any formula;
    - d. need for formula for premature infants to corrected age of one year with request for any formula; or
    - e. need for formula for tube feeding with request for any formula.
  - 2. Maximum length of approval per prescription is 6 months.

**II. Issuance of Formula Other Than the Primary Contract Infant Formula requires the following:**

- A. Requirements for Prescription
  - 1. A prescription from one of the following prescriptive authorities is required:
    - a. physician (M.D.);
    - b. doctor of osteopathy (D.O.);
    - c. physician assistant (P.A.); or
    - d. nurse practitioner (N.P.) with prescriptive authority

2. Prescriptions must include the following information:
  - a. name of the participant;
  - b. date written (must be within 30 days of WIC request);
  - c. specific name of the formula requested;
  - d. appropriate medical diagnosis/justification warranting the formula use;
  - e. length of time the formula is medically necessary (number of months requested); and
  - f. signature of the requesting prescriptive authority (may not be signed by an R.N. for a physician)
3. Facsimiles are acceptable.
4. Transfer participants from another state with a prescription containing an appropriate justification may be issued the formula for one month until the participant may obtain another prescription from a local health care provider.
5. If the participant's regular local health care provider is in an adjacent state (as in border communities), the Montana WIC Program will accept his or her prescription as long as it contains appropriate justification.
6. If the participant is seeing a medical specialist in another state, the Montana WIC Program will accept his or her prescription as long as it contains appropriate justification.

**B. Requirements for Assessment and Approval:**

1. A registered dietitian shall perform an assessment prior to issuance of the formula which includes a review of:
  - a. the medical diagnosis or condition which necessitates the need for the formula;
  - b. the participant's growth; and
  - c. the participant's dietary intake.
2. Based on the assessment and the length of time requested on the prescription, the registered dietitian shall determine how long to authorize the formula and when a reassessment shall occur. Formulas may not be authorized for longer than the time stated on the prescription. Information on the need for primary contract formula trials and retrials is located under the guidelines for each type of formula.
3. A completed WIC Formula Request Form and current prescription shall be placed in the participant's chart for each authorization. A copy of the approval form and the current prescription shall be sent to the State Office in a timely fashion.
4. Food packages shall be entered into the WIC automated system only through the authorized time period.

**III. Issuance of Non-Primary Contract Standard Formulas**

- A. Examples include Similac Advance, Similac with Iron, Carnation Good Start Supreme DHA/ARA, Carnation Good Start Supreme, Similac Lactose Free, Isomil Advance, and Carnation Good Start Supreme Soy DHA/ARA.

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- B. Reason for issuance includes intolerance to primary contract infant formulas.
- C. Prior to issuance, a trial of a similar primary contract infant formula must have occurred which resulted in an adverse reaction. Similar formulas are listed in the table below.

Non-Contract Formula	Contract Formula
Similac Advance, Similac	Enfamil LIPIL, Enfamil, (Gentlease LIPIL and LactoFree LIPIL trials are acceptable)
Good Start Supreme (DHA/ARA) Similac Lactose Free Isomil Advance or Carnation Good Start Soy DHA/ARA	Gentlease LIPIL Enfamil LactoFree LIPIL ProSobee LIPIL

- D. A retrial of primary contract infant formula shall be planned for the future. This information shall be recorded on the WIC Formula Request Form.
- E. Maximum length of approval per prescription is 3 months.

**IV. Issuance of Exempt Formulas**

- A. Examples include, but are not limited to, Nutramigen LIPIL, Alimentum, Pregestimil, Neocate, NeoSure Advance, EnfaCare LIPIL, Similac PM 60/40

**B. Hypoallergenic Formulas**

**1. Reasons for issuance**

Formulas	Reasons for Issuance
Nutramigen LIPIL	Milk and/or soy protein allergy
Alimentum	Milk and/or soy protein allergy
Pregestimil	Malabsorption; Milk and/or soy protein allergy with malabsorption
Neocate	Severe malabsorption; allergy to intact protein and casein hydrolysates. Generally, Nutramigen LIPIL, Alimentum or Pregestimil needs to be tried without success prior to issuing Neocate when prescribed for an allergy.

2. Infants with a milk allergy are not required to be challenged on soy formula prior to issuance of hypoallergenic formula. A soy challenge may be provided with written permission from the health care provider.
3. Maximum length of approval per prescription is 6 months.

**C. Low-Iron Formulas**

1. Examples include Enfamil LIPIL Low Iron and Similac Advance Low Iron
2. May be issued only for the following diagnoses/justifications:
  - a. hemolytic anemia in premature infants (only as long as the condition is present) This medical condition requires frequent blood transfusions at a rate which will result in iron overload if an iron-fortified infant formula is used; and
  - b. thalassemia.
3. Maximum length of approval per prescription is 6 months.

**D. Premature Formulas**

1. Examples include EnfaCare LIPIL and NeoSure Advance.
2. May be issued for the diagnosis of prematurity ( ≤ 37 weeks gestation)
3. May be approved up to 9 months chronological age (as per AAP recommendations) with one prescription. With an additional prescription may be approved up to 12 months chronological age.

**E. Other Formulas, Medical Foods, and Goat's Milk**

1. Reasons for issuance

Formulas Similac PM 60/40  Pediasure, Pediasure w/ Fiber, Kindercal, Kindercal w/ Fiber, Nutren Junior  Neocate Junior, Peptamen Junior, Vivonex Pediatric  Metabolic Formulas Goat's Milk	Reasons for Issuance Renal, cardiac or other conditions that require lowered mineral intakes Tubefeeding, oral motor feeding problems or medical conditions which increase calorie needs (for children over one year old) Severe malabsorption or allergy to intact proteins (for children over one year old) Metabolic disorders Cow's milk intolerance (for children over one year old)
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2. May be approved for up to 6 months per prescription.
3. Contact one of the State Nutritionists with questions concerning issuance for medical reasons other than those stated or for issuance of a formula or medical food not listed.

## **WIC Checks Stolen or Destroyed in House Fire**

### **Purpose**

To provide guidance on dealing with checks which are lost, stolen or destroyed in a house fire.

### **Authority**

State Policy

### **Policy**

Lost or stolen checks may not be reissued. Checks destroyed in a house fire may be reissued when appropriate proof of the house fire has been provided. If checks are reissued other than for destroyed in a house fire (documentation does not support reissuance of the WIC checks), notice will be given to the clinic of action(s) to be taken during monitoring and contract renewal.

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#### **I. Lost or Stolen Checks**

Lost or stolen checks which are reported as lost or stolen after issuance to a participant will not be replaced. Participants should be advised to treat them like cash.

#### **II. Checks Destroyed in a House Fire**

- A. If checks destroyed in a house fire may be reissued to the participant.
- B. The following steps must be completed before reissuing checks to the participant:
  - 1. Have the participant provide documentation of the fire in which the checks were destroyed:
    - a. Fire Marshall Report;
    - b. Insurance company claims information verifying the fire and loss; or
    - c. Newspaper article or report of the fire.
  - 2. Complete the "Report of Checks Destroyed in a House Fire."
  - 3. Discuss with the participant which checks were uncashed.
  - 4. Confirm with the State Office, the uncashed checks.
  - 5. Explain to the participant that if a double issuance has occurred, she/he may be required to reimburse the WIC Program.
  - 6. Reissue the checks destroyed in the fire.
- C. WIC foods destroyed in a house fire may not be replaced.

#### **II. Attached Form**

- A. The attached form "Report of Food Checks Destroyed in a House Fire" must be signed and placed in the participant file.

**REPORT OF CHECKS DESTROYED IN A HOUSE FIRE**

I \_\_\_\_\_ have provided the WIC Program with a  
(Participant Name)  
fire marshal report, insurance company documents, or newspaper article verifying that I am stating  
checks have been destroyed in a house fire. This verification and explanation of procedure was  
provided to me by the WIC Program staff.

Further, I understand that if I have knowingly falsified information in order to receive additional benefits,  
I am subject to one month disqualification from the WIC Program for the first offense, three months  
disqualification for the second offense, or possible disqualification from the WIC Program.

\_\_\_\_\_  
Participant Signature/Date

\_\_\_\_\_  
WIC Staff Signature/Date

## **WIC Check Inappropriate Void/Reissue**

### **Purpose**

Participants are limited to the maximum quantities for food items as specified in the 7CFR 246.10 and the State Plan. Over issuance of foods due to voiding and reissuing must not occur. Repayment of an over issuance will be made by the local agency.

### **Authority**

7CFR 246.12 and 246.13

### **Policy**

A monetary penalty will be imposed on local programs that inappropriately void/reissue WIC checks.

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### **Guidelines**

#### **I. Inappropriate Void/Reissue**

- A. WIC checks that have been cashed may not be voided/reissued, unless it is a formula food package. If a non-formula food package needs to be changed you must wait until the following month.
- B. Infant formula food packages that have been cashed can be voided/reissued as 'USED' to allow for formula changes. The maximum amount of formula issued may not exceed the Federal maximum allowed quantities.
- C. If a formula food package is voided/reissued as 'USED' a completed "Food Instrument Void/Reissue Form" must be submitted to the state office at the time of the void/reissue. A copy of this form is provided on the following page.

#### **II. Penalty For Inappropriate Void/Reissue**

- A. Per the contract between your Local Agency and the State Office, your agency is responsible for any WIC funds misspent due to negligence of its employees.
- B. For any inappropriate voided/reissued WIC checks, the state office will charge your agency for the value of the overissuance.
- C. Monetary penalties will be reflected as a reduction of your monthly reimbursement.



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**Food Instrument Void/Reissue Form**

**Participant Name:** \_\_\_\_\_ **Participant ID#:** \_\_\_\_\_

**Clinic Name/Number:** \_\_\_\_\_ **Date of Void/Reissue:** \_\_\_\_\_

**Food instruments to be voided:**


**Food instruments that were reissued:**


**Number of cans of formula and type of formula returned:** \_\_\_\_\_

**Was any cereal or juice returned?**   Y   or   N   **If yes, how much?** \_\_\_\_\_

**Reason for void/reissue:** \_\_\_\_\_


**INSTRUCTIONS:** Complete this form with every void/reissue involving a USED formula food package change. Place one copy in the client's chart and send the original to the State WIC Office, PO BOX 202951, Helena MT 59620.

Clinic Signature \_\_\_\_\_ Date \_\_\_\_\_

## **WIC Check Issuance**

### **Purpose**

To provide guidance on the number of months' checks to issue for a participant.

### **Authority**

7CFR 246.12 (r)

### **Policy**

Participants shall be issued one, two or three months worth of WIC checks at a time depending upon the risk of the participant and the participant's ability to correctly redeem multiple months of checks.

## **Procedures**

### **I. WIC Check Issuance**

- A. The local agency determines how many months' worth of WIC checks a participant receives at a time based on the following factors:
  1. The need for monthly nutrition education contacts or visits
    - a. High risk participants require monthly contacts as stated in Policy 5-13 Designated Referrals for High Risk Participants.
    - b. Certain groups of participants require monthly contacts, for example, all infants for their first three months on WIC.
    - c. Certain participants may be seen monthly per individual local agencies policy, such as all Priority 1 pregnant women. Local agency guidelines may not allow less frequent issuance than State WIC policy.
  2. The participant's ability to cope with multiple months of WIC checks at a time.
    - a. The participant must be able and willing to cash WIC checks only in the month for which they are issued.
    - b. The participant should be reminded to safeguard the WIC checks for the multiple months. Misplaced or stolen WIC checks will not be replaced.
    - c. If one member of a family is issued WIC checks on a monthly basis, all members of the family should be issued checks monthly. This is to ensure that the individual needing monthly issuance receives checks each month and does not miss months because other family members have already received their WIC checks for the month.

3. Participants in foster care shall be issued WIC checks on a monthly basis.
4. Only one month's worth of checks may be issued when checks are being mailed to the participant.
5. Participants using the "zero income statement" and participants who need to bring in proof of identity or residency following certification shall be issued one month's worth of WIC checks.
6. A proxy for a participant shall be issued one month's worth of WIC checks.

## **WIC Checks**

### **Purpose**

To provide procedures for issuance of WIC checks to participants/parents/guardians and proxies.

### **Authority**

7CFR 246.12 (r)

### **Policy**

Checks are printed when the participant/parent/guardian or proxy is physically present in the clinic, unless the exception for mailing checks is met. All participants will be issued an ID packet for us as verification at the retailer.

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## **Procedures**

- I. Issuing WIC Checks.** Listed below are procedures for local agencies to follow when issuing WIC checks to participants or parent/guardian.
  - A. Do not pre-print WIC checks. WIC checks are only to be printed when the participant or parent/guardian is present in your clinic. The only exception is when you are mailing checks (see Section III, Mailing Checks).
  - B. After the WIC checks have been printed, instruct the participant to verify the food package as discussed with the CPA (peanut butter vs. dried beans, etc.), then have the participant sign the check stubs.
  - C. After the participant has signed the check stubs, tear off the stubs, place the checks in the ID folder and give the ID folder to the participant. Check stubs should be filed in numerical order by date issued. Check stubs shall be kept for a time period as described in Records Management.
- II. Proxies**
  - A. Proxies and individuals designated by the participant/parent/guardian, with the authority to attend nutrition education appointments and to pick up and sign for WIC checks.
  - B. Proxies may be designated when the participant is medically or physically indisposed, or when unforeseen events prohibit travel to the clinic.
  - C. A proxy may be allowed to attend any WIC appointments for a participant/parent or guardian.
  - D. Designation of the proxy must be made prior to the appointment with a written, signed and dated note by the participant/parent/guardian. Written designation of a proxy must be made for each separate appointment. These notes are to be kept in the participant file.

- E. Proxies must show identification (and a written note per above) to pick up and sign for WIC checks for participants.
- F. The participant/parent/guardian is responsible for the proxy's actions. If the proxy commits fraud/abuse per the state plan, the participant/ parent/guardian will be held responsible and sanctioned accordingly.
- G. Before allowing the use of a proxy, the local WIC program shall consider whether there are adequate measures for the provision of nutrition education and health services to the participant when a proxy is used. If necessary, other arrangements may be made so the participant will receive necessary services.
- H. Instruct the proxy on the use of WIC checks. Also inform the proxy of their right to report improper practices by the food retailer.
- I. WIC checks may be redeemed by the proxy or by the participant/parent/guardian. The signature of the proxy and participant/parent/ guardian must be on the WIC ID packet for signature verification by the food retailer.

## **II. Mailing WIC Checks**

- A. WIC checks may be mailed to individual participants for the following reasons:
  - 1. Imminent childbirth, illness in the family or inclement weather. Mail only one month of WIC checks.
  - 2. Computer failure. If during a WIC clinic you experience computer and/or printer failure, continue to hold clinic and determine WIC certifications. WIC checks may be mailed after the hardware failure is fixed. Up to three months of WIC checks can be mailed in this instance.
  - 3. The WIC staff person signs the check stubs for the participant.
  - 4. WIC checks must be mailed certified or registered mail.
  - 5. If an ID folder must be mailed, mail it separately from the WIC checks (certified or registered) to prevent fraud. Mailing of WIC checks shall never occur for more than three months in a row, as the participant must return to the clinic after that time to receive health and nutrition education services.
  - 6. Mailing of the WIC checks, including the reason, must be documented in the participant's file for each relevant month.

## **III. WIC ID Packet**

- A. Must be used by all local programs.
- B. Instructs participant/parent/guardian on how to use the WIC checks.
- C. Includes a place for the authorized participant/parent/guardian/proxy signature to be used for identification purposes.
- D. Must be signed by participant/parent/guardian in presence of WIC staff.
- E. Must have active WIC participant's names and ID numbers.

- F. Has space for the local WIC clinic to add its address and telephone number (required).
- G. Has appointment schedules.
- H. Protects the WIC checks.

**IV. Retailer Responsibilities**

- A. Check that the dates on the WIC checks are valid. Do not accept WIC checks before the “First Day of Use” or after the “Last Day to Use.”
- B. Retailer’s staff total the WIC foods purchased, checking that the foods are specified on the WIC check (see Section on Retailers). Ask the WIC participant about missing foods before entering a dollar amount on the WIC check. The actual purchase price of the foods is then written in by the clerk in the “Actual \$ Amount of Sale” box.
- C. Once the WIC check is correctly completed, the food retailer has the participant sign the WIC check in the box “Signature of participant or authorized proxy.”
- D. The retailer has 30 days from the “Last Day to Use” on the WIC check to deposit the check.

## **Food Delivery System**

### **Purpose**

WIC checks are a standardized negotiable item with restricted use and valid period. Redemption by retailers must be within defined parameters. These practices insure the financial integrity of the WIC food expenditures.

### **Authority**

7CFR 246.12

### **Policy**

Montana WIC has an established plan for the financial management and oversight of issuance and redemption of WIC checks.

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### **Guidelines**

#### **I. State WIC Agency Responsibilities**

- A. Providing a uniform WIC check which is similar in appearance to a check. This check is used by all local programs.
- B. Maintaining an inventory of WIC checks on hand and order replacement checks as needed.
- C. Paying retailers in a timely manner. The retailer is reimbursed when he presents the WIC check to his bank for payment within 30 days from the last date to use. The WIC checks are then presented through the Federal Reserve System to Financial Services & Management Corporation, Lake Lillian, MN, with whom the State WIC Agency contracts to perform services.
- D. Establishing a contingent revolving fund for the WIC Program at Financial Services & Management Corporation, Lake Lillian, MN, with whom the State WIC Agency contracts to perform services. Each day the bank presents the State Office with a statement showing the amount of checks paid. The bank is reimbursed for this amount through the use of a telephone transfer system.

#### **II. Local WIC Program Responsibilities**

- A. Issue WIC checks to eligible participants for authorized foods.
- B. Obtain participant/guardian signatures on check stubs and file them in order by date and check number.
- C. Maintain a file of End-of-Day Reports which include the WIC check log (a listing of all WIC check issued or voided for the day).

- D. Review the End-of-Day WIC check log and account for WIC checks issued and any gaps in sequence.
- E. WIC checks voided and/or returned are to be filed with that days WIC check stubs.  
**Note:** If a participant forgets to sign the WIC check stub, the staff member signs the stub, makes a notation on it and on the End-of-Day listing.
- F. Keep WIC checks locked in a secure place. Local programs are responsible for stolen or lost WIC checks via the Local WIC Agency Agreement (see Policy 8-44). They are also responsible for reporting stolen WIC checks to the State WIC Agency so the State WIC Agency can handle stop payment procedures.
- G. Local WIC agencies are financially responsible for WIC checks mishandled by local program staff.
- H. Local agencies are financially responsible for inappropriately issued WIC checks.

### **III. WIC Check Design and Information**

- A. The WIC check lists the foods authorized by generic and/or brand name and amounts. The first and last days to use are listed on the WIC check. The check sequence number, participant ID number, the participant name, food package number and clinic number are also printed.
- B. A space is provided for the retailer cashing the WIC check to enter his/her assigned stamp. Space is provided for the signature of the participant. The signature is obtained when the participant purchases the allotted food and after the clerk enters the purchase total in the "Actual Dollar Amount of Sale" block. The signature is used by the retailer for verification of identification with the signature on the WIC ID packet.
- C. WIC checks contain numbers at the top and bottom of the WIC check (magnetic ink character recognition - MICR). These pre-printed numbers identify the Federal Reserve Bank, the local bank and the account number. After the WIC check is paid, the amount paid is added by the bank.

### **II. Reconciliation of WIC Checks**

- A. A current retailer data base is sent to the bank when changes are made.
- B. Price lists are also sent to the bank on a periodic basis as changes are made.
- C. The daily transactions are sent to the bank. This information includes the numbers and maximum cashed value for checks issued by the local clinics during the day, checks voided by the local clinics during the day and new retailer payment transactions approved by the State WIC Agency.
- D. Upon receipt of this information, assuming the check passes all validations, the bank will pay the check. The bank may reject a check for a variety of reasons:
  - 1. No/Illegible Retailer Stamp
  - 2. Invalid Retailer Number/Inactive Retailer
  - 3. Missing Signature



4. Redeemed Too Early
5. Redeemed Too Late
6. Excessive Dollar Amount
7. Purchase Price Missing/Illegible
8. Stop Payment
9. Altered \$ Amount
10. Not on Issued File
11. Voided WIC check \*
12. Altered Food Package
13. Already Paid
14. Other

**Note:** \*Voided WIC check are paid by the bank and originals sent to the State WIC office for investigation.

- E. Adjustments to checks are made when an error occurs during the bank processing.
- F. When the bank completes a payment, rejection or adjustment transaction, a record is written to an output file and it is sent to the State Host machine to update the WIC system with the bank activity on a nightly basis.

If	Then
the check is paid by the bank	the amount paid and date of payment fields are updated
the check is adjusted	the amount adjusted field and bank process date are updated
a check is rejected by the bank	the reason for rejection is updated

- G. A monthly close-out is reported on the FNS-798 (Monthly Financial and Program Status Report). The information for any closed out month includes whether or not every issued WIC check has been redeemed, expired, voided, or payment has been stopped.
- H. Records in support of the FNS-798 are maintained in the State WIC Office.

### **III. Companies with whom WIC Contracts**

- A. Automation Contractor: Andersen Consulting, 717 17th Street, Suite 2000, Denver, CO 80202.
- B. Infant Formula Rebate Program Designer: Gold Systems, PO Box 4644, Park City, UT 84060.

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- C. Automated Food Instrument Printer: Moore Business Forms, 300 Centreville Rd.,  
Warwick, RI 02886.
- D. Banking Services: Financial Services & Management Corporation, 451 Lakeview St.,  
Lake Lillian, MN 56253.
- E. Temporary Services: Express Personnel Services, PO Box 99468, Oklahoma City, OK  
73199.

## MONTANA STATE PLAN & POLICY MANUAL

### CHAPTER EIGHT

Policy Number: 8-13

Cost Containment

Effective/Revised Date: January 1, 2006

#### Cost Containment

##### Purpose

The Montana WIC Program will endeavor to save USDA food dollars in order to serve more participants through entering into a cost containment agreement for infant formula.

Montana participates in the Western States Contracting Alliance for infant formula cost containment.

##### Authority

7CFR 246.16 (a)

##### Policy

The Montana WIC Program will enter into a cost containment agreement for infant formula.

##### Guidelines

###### I. Description

- A. The Montana WIC Program has entered into a competitive sole-source retail system contract for approved and authorized infant formula. The foods procured will include milk and soy-based infant formulas in concentrate, ready-to-feed, and powdered forms.
- B. All manufacturers registered with the Department of Public Health and Human Services (DPHHS) whose products fulfill the Infant Formula Act requirements have been offered the opportunity to bid on the initiative. In compliance with 7 CFR parts 3017, certification will be included in contractors' agreements that they and any subcontractors have not been debarred or suspended.
- C. All manufacturers registered with the Department of Public Health and Human Services (DPHHS) whose products fulfill the Infant Formula Act requirements may sell special formula to Montana WIC participants through participating retailers or by direct purchase whether or not they offer a rebate on WIC infant formula.

###### II. Calculations

- A. The Montana WIC Program, using the automated system, calculates the number of cans of formula, by brand and type, purchased each month. The State WIC Office will compile the information by the 45th day following the month of issuance.
- B. Claims will be filed on a monthly basis with reimbursement to DPHHS due in 30 days from receipt of invoice. All claims submitted by DPHHS will be mailed by certified letter, return receipt requested, within forty-five (45) days of the end of each month.

###### III. Contracts

Any contracts signed with companies to implement this initiative shall stipulate that the products meet the provisions of the Food, Drug and Cosmetic Act as it relates to infant formula.

**IV. Time Period**

The Montana State WIC Program has a sole-source contract with Mead-Johnson to provide standard infant formula effective October 1, 2001 through September 30, 2004. This initiative will be for a thirty-six month period, with the option of extensions which shall not exceed a total contract period of five (5) years.

**V. Rebate Initiative**

- A. This rebate initiative will be implemented statewide.
- B. The goal of this initiative is to establish a program whereby part of the cost of infant formula provided under the WIC Program is rebated to DPHHS by eligible providers allowing WIC to serve more than 10,000 additional unserved persons.